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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis [	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage APR 4 1930	July 5,1927	Peritonitis	3 days ago	
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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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DEATH

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_ Length of residence In city of Usual place of abode) If nonresident give city or town and State PERSONAL AND STATEST MEDICAL CERTIFICATE OF DEATH AL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH I HEREBY CERTIFY. That I attended deceased from Months Days If LESS than to have occurred on the date stated above, at \_\_\_\_\_\_\_m. I day.....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or ..... min. Date of onset 1910. 11. Total time (year spent in this

5a. If married, widowed, or diviced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc ... Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... ID. Date deceased last worked at this occupation (menth and occupation year) \_\_\_\_\_\_ Other Contributory Causes of importance: 12. BIRTHPLACE (cityout (State or cou FATHER Name of operation. 14. BIRTHPLACE (city or town) \_\_\_\_ (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homlcida?\_\_\_\_\_ 16. BIRTHPLACE (city or town) or country (Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. FURIAL CREMATION. OR RE Manner of injury Nature of injury\_\_ 24. Was disease or injury in any-way related to occupation of deceased? (Address) If so, specify (Signad) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEA
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County New York State   No.	1. PLACE OF DEATH			(23)	*		10.
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Length of residence in city or town where death occurred. Add Mark Move Company of the Company o	Village or City Rees	bleurd.			EL LUIS NAME	St.,	Ward
2. FULL NAME  (a) Residence: No. Elles F. C.	Length of residence in city or town	n where death occurred	/ / -				
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59. If meried, widewed, or divorced (cr) wife of (cr) wif	3. SEX 4. COLOR OR RA			21. DATE OF DEATH-	-3.	10	
53. If merried, widowed, or divorced HISSAND or Correct HISSAND OR COR	m m	OR DIVERCED	(write the word)	/			, 193 5
(or) WIFE of  6. DATE OF BIRTH (month, dey, end yeer)  7. AGE  7. AGE  7. AGE  7. AGE  8. Trade, profession, or perticuler kind of work dome, as SPINNER, DATE of Lower of the selected above, at 12.2 f.m.  7. AGE  8. Trade, profession, or perticuler kind of work dome, as SPINNER, DATE of Lower of the selected above, at 12.2 f.m.  7. AGE  8. Trade, profession, or perticuler kind of work dome, as SPINNER, DATE of Lower of the selected above, at 12.2 f.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of enset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of enset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of enset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of enset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of enset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of enset  Date of silvery Causes of importance:  Date of importance:  Date of country  When test confirmed diagnosis?  Was there en eulopsy?  Date of injury  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Date of injury  Date of injury in eny wey releted to occupation of deceased?  If so, specify  (Signed)  M. D. M. D.  Date of enset  Date of ens	5a. If merried, widowed, or divorced	- July			(Month)	(Day)	(Yeer)
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S. Trade, profession, or perticuler shind of work done, as SPINNER, SANYER, BOOKKEPER, etc.  Industry or business in which work done, as SPINNER, SANYER, BOOKKEPER, etc.  Industry or business in which work done, as SPINNER, SANYER, BOOKKEPER, etc.  Industry or business in which work done, as SILK MILL, SANYER, BOOKKEPER, etc.  Industry or business in which work done, as SILK MILL, SANYER, BOOKKEPER, etc.  Industry or business in which work done, as SILK MILL, SANYER, BOOKKEPER, etc.  Industry or business in which work done, as SILK MILL, SANYER, BOOKKEPER, etc.  Industry or business in which work done, as SILK MILL, SANYER, BOOKKEPER, etc.  Industry or business in which work done, as SILK MILL, SANYER, BOOKKEPER, etc.  Industry or business in which work done, as SILK MILL, SANYER, BOOKKEPER, etc.  Industry or business in which work done, as SILK MILL, SANYER, BOOKKEPER, etc.  Industry or business in which work done, as SILK MILL, SANYER, BOOKKEPER, etc.  Industry or business in which work done, as SILK MILL, SANYER, BOOKKEPER, etc.  Industry or business in which work done, as SILK MILL, SANYER, BOOKKEPER, etc.  Industry or business in which work done, as SILK MILL, SANYER, BOOKKEPER, etc.  Industry or business in which work done, as SILK MILL, SANYER, BOOKKEPER, etc.  Industry or business in which work done, as SILK MILL, SANYER, BOOKKEPER, etc.  Industry or business in which work done, as SILK MILL, SANYER, BOOKKEPER, etc.  Industry or business in which work done, as SILK MILL, SANYER, BOOKKEPER, etc.  Industry or business of importance:  It is as SILK MILL, SANYER, BOOKKEPER, etc.  Industry or business of importance:  Industry or business in which work done, as SILK MILL, SANYER, and as States of importance:  It is as SILK MILL, SANYER, and as States of importance:  It is as SILK MILL, SANYER, and as States of importance:  It is as SILK MILL, SANYER, and as States of importance:  It is as SILK MILL, SANYER, and as States of importance:  It is as SILK MILL, SANYER, and as States of importance:  It is as SILK M	7. AGE Yeers Mo	onths Days		The state of the s			
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage APP 4 1985	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
A SHEET OF THE SHE				

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 30	133
1. PLACE OF DEATH	108	5
County Howard.	Registration Dist, No.	
Village or City Receford	NoSt.,St.,	Ward
44	ds. How long in U.S. If of foreign birth?mosmos	ds.
2. FULL NAME Martha & beke	If U.S. Veteran specify WAR.	********
(a) Residence: No. Suilford Rd: (Usual place of abode)	St., Ward. Sulfwell sive city or town and State	te
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4 COLOR OR RACE 5. SINELE, MARRIED, WIDOWED, OK DIVORCED (write the word)  5a. If married, widowed, of divorced HUSBAND of	21. DATE OF DEATH Mav. 3 19:	(Year)
(or) WIFE of Samuel J. Caker	22. Flow . 29 36 to Wan. 3	19 3 6
6. DATE OF BIRTH (month, day, and year lea 9, 1870	I last saw her elive on War. 2 12 , 1936; de	eath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$25.5 ft.m.	
65 7 4 23 1 day,hrs	THE PROPERTY CAUSE OF DEATH and related causes of importance	ate of sheet
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Lobar Fremmonia:	429/3
SAW MILL, BANK, etc.		, ,
10. Date decreased last worked at 3 (11. Total time (years) spant in this year) year)		
12. BIRTHPLACE (city or town) March LA K	Other Contributory Causes of Importance:	01
(State or country)	we. aid. hul.	313/3
13. NAME Charles 6. Moss.	una	
13. NAME Tacles 6. Noss.  14. BIRTHPLACE (city or town) Hew Hour	Name of operation Date of What test confirmed diagnosis? Was there an autop	new Hu
15. MAIDEN NAME all G. Hackley.  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:	7371
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury Date of injury Occur?	., 19
17. INFORMANT Squared J. Eckers.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR BENOVAL	Manner of Injury	
Piade Must relich Cly Date Mal. 6, 19.3	Neture of injury	
19. UNDERTAKER Caston Sous (Address) Eblicatella 0 . 1	24. Was disease or largue in any way related to opposition of decresed?	W.
20. FILED 3/2/3 by Trank Stuffey	(Signed) Savage, tuge	M. D.
If more blanks are needed, address State Registra		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis APR 7 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEATH	OF MARYLAND	- 1070	OF DEATH	3039
County County	Howard	7 4.64	Registration Dist. No.	15
Village or City Sav	rue	No	St.,	Ward
Length of residence in city or town whe			tion, give its NAME instead of street and foreign birth?yrs	
2. FULL NAME to ober	+ Q. France	If U.S. Veteran specif	WAR	
(a) Residence: No.	de mell	St. Ward.	X	0 0 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(a) Residence. No.	(Usual place of abode)	Oujwalu.	If nonresident give city or town an	d State
PERSONAL AND STATE	TICAL PARTICULARS	MEDICAL CI	ERTIFICATE OF DEATH	1
3. SEX 4. COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	March 312	193 6 (Year)
5a. It married, widowed, or divorced HUSBAND of				
(or) WIFE of	amil	22. I HEREBY	CERTIFY, That Intended	d deceased from
	24 211 1028	1	19 3.6, to 0000000 3	4 719 2 8
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months	Days If LESS than	I last saw h	11,19 01	Q_; death is sale
1. AGE 16615 Months	1 dey,hrs.	The PRINCIPAL CAUSE OF DEAT	H and related causes of importence	
	6   ormin.	were as tollows:	and related causes of importance	Date of onset
8. Trade, protession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		13400	ρ	
SAWYER, BOOKKEEPER, etc  9. Industry or business in which		1 TO CLEAN	1- / hamoua	- 3/201
work was done, as SILK MILL,				
0 10. Date deceesed last worked at	11. Total time (years)	-	*******************************	
this occupation (month and yeer)	spent in this occupation			
[41	de I. I	Other Contributory Causes of impo	rtance:	1 1
12. BIRTHPLACE (city or town)(State or country)	A WA	- Comman	1	
110	Thereine	-		5/19/3
14. BIRTHPLACE (city or town)	Janger	<u> </u>	[4]	
4 14. BIRTHPLACE (city or town)	12-0-	Name of operation	Date of	+7
(State of Country)	Al.	What test confirmed diagnosis?	Clum! Was there an	autopsy?
15. MAIDEN NAME COLLEGE  16. BIRTHPLACE (city or town)	Helewore	23. If death was due to external cau	ises (VIOLENCE) fill in also the following	ng:
[ I6. BIRTHPLACE (city or town)	WA.	Accident, suicide, or homicide?	Date ot injury	, 19
(State or country)		Where did injury occur?	/C %	
17. INFORMANT CANCELLE	manuel	Specity whether injury occurred in	(Specify city or town, county and Sta INDUSTRY, in HOME, or in PUBLIC P	LACE.
(Address)	mall			
18. BURIAL CREMATION, OR REMOVAL	1 6, 0/01	Manner of injury		
Maraye MA	Date 1936	Nature of injury		
19. UNDERTAKER	16 finge	24. Was disease or injury in eny wa	ay related to occupation ot deceased?	Us.
(Address) Laufel	ma	If so, specity	A 00	
20 FILED 3 13 1/26 10 20 16	who shillers.	(Signed)	innohiley	M. I
200 11200 000 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Registrar.	(Address)	Savage,	1 mil
If m	ore blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Rec	questing U. S. No. 1.	1

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	4
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
APR 7 1000			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# ARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. AGE should be stated EXACTLY. be properly classified. of certificate.

TION is very important. See instructions on back CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. N. B.—WRITE PLAI

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	/ -		
County Any	ard		Registration Dist. No.
Village or City. Clar	Kanlle	(lf	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidenca in city or town where d	aath occurrad		ds. How long in U.S. if of foralgn blrth?yrsmosds.
2. FULL NAME / / / /	ant Ha	vux	If U. S. Veteran, specify WAR
(a) Residence: No	(Usual place of al	bode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	CAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE	5. SINGLE, MARRIEI OR DIVORCED (2		21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	_		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	nar 31 1	736	1 lest sew has effice on Mar 31, 1934, 1934
7. AGE Years Months		If LESS than day,hrs.	to have occurred on the date stated above, at B
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	11. Total tima spent in occupati	(yaars) this	Date of onset  This Child back been had at both  This Child back been had at both  This Child back been had at both  Differ I arrend  Differ Cautributary Causes of Importance:
14. BIRTHPLACE (city or town) May	1 Hebrer	1	Neme of operation Date of
(State of country)			Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mar y and 16. BIRTHPLACE (city or town)	uth War	ris	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (Stete or country)	nd		Where dld injury occur?
17. INFORMANT Mar garithe	Harris		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place	Data	, 19	Manner of injury
19. UNDERTAKER (Address)  20. FILED Lake 3.1., 19.3.6.	1 Q Gro	lislo Registrar.	24. Was disease or Injury in any way related to occupation of deceased?  If so, specify Sucho M. D.  (Signed) M. D.  (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

\*WRITE PLA

(Address)

V. S. No. 1

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 30	36
1. PLACE OF DEATH	(3)	
County Howard	Registration Dist. No.	
Village or City Maruella enlle	No. St., death occurred in a hospital or institution, give its NAME instead of street and num	Ward
Length of residence in city, or Novn where death occurred 5 yrs	ds. How long in U. S. if of foreign birth?yrsmos	ds.
2. FULL NAME Terdinand John	uson x	
(a) Residence: No. mamollanda (Usual place of abode)	St., Ward.  If nonresident give city or town and Stat	te
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE 5. SINCLE MARRIED WIDOWED, OR DAYORGED (Fine the word)	21. DATE OF DEATH Was (5 (Day) (Day)	(Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deco	, 19
6. DATE OF BIRTH (month, day, and year letter our	I last saw h im alidead 3-6- 19 36; de	eath is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, at	
8. Trada, profession, or particular	wera as follows:	ate of onset
sawyer, Bookkeeper, etc.	Chronic nephritis	?
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked at this occupation (month and 34 occupation (month and 34 occupation (month and 34 occupation)		
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importanca:	
(State or countyy)	Senility	
13. NAME Fellry Johnson		
13. NAME Allry To Musere  14. BIRTHPLACE (city or town)  (State or country)  Mary lave	Nama of operation Date of Was there an auton	nsv? No
15. MAIDEN NAME Ullworning	23. If death wes due to external causes (VIOLENCE) fill In also the following:	p+):-2+G-
16. BIRTHPLACE (city or town) Attellieroug	Accident, sulcide, or homicide? Date of Injury  Where did injury occur? (Specify city or town, county and State)	_, 19
17. INFORMANT Mattheag Johnson (Address) Resolution mill	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION OR REMOVED TO BOTH STATE PLACE P	Manner of Injury	
19 HAMPEDTAKED ( Egister Soc.	24. Was disease or injury In any way related to occupation of deceased? NO	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Registrar.

If so, specify

Ac

coti

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
WINE WAY	5. 11			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED AGE should be mation should be carefully supplied. LY, WITH WRITE PLA

V. S. No. 1

STATE C	DF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
---------	----	-------	------	--------	-------	----	-------

011	113	
31	0	6

1. PLACE OF DEATH	92:20
County Soward	Registration Dist. No. 191
Village or City Defram	No. St. Ward
(1	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME annue of lyles	
(a) Residence: No. Gelieveth Giffs (	utstile Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Mauted	(Month) (Day) (Year)
5a. H married, widowed, or divorced HUSBANO of	
(or) WIFE of Disampling EUPA	The state of the s
6. DATE OF BIRTH (month, day, and year) Spill 84/856	Inquiry19 to 19 death is said
7. AGE Years Months Days If LESS than	I last saw h_Crallve oDEAB, 19; death is said to have occurred on the date stated above, at
179 11 17 1 day,hrs.	
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done as SULK MILL	
J. Industry or business in which	-Acute Myocarditis ?
SAW MILL DANK etc.	Arterio-Sclerosis
10. Date deceased last worked at this occupation (month and the spent in this	Arterio-Scierosis
this occupation (month and 125/1) spent in this occupation	
12. BIRTHPLACE (city or town) Sucott Cotty	Other Contributory Causes of importance:
(State or country)	
13. NAME Dylvanus dypes	
14. BIRTHPLACE (city for town)	Name of operation Oate of Oate
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Achee Wist	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
Both working Xeyes	(Specify city or town county and State)
17. INFORMANT (Address) Demand L. Com	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Atmo Gent Date 1 1096	
Agricant Com	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
h 41: 36 /100/1 4: 00	(Signed) A. E. Ferwithum, acting Coronago
20. FILED 19 2 DOTY Vy - Registrar.	(Address) Elliett lorty Mil.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
7]			
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927 May 1,1923	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:  May 1,1923 Gastroenteritis	

V. S. No. 1 N. B. of OCCUPA.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1	1	1)	0
3	J	0	)

1. PLACE O	F DEATH				
County	Howard			Registration Dist. No.	91
	City Albertor			No. St., f death occurred in a hospital or institution, give its NAME instead of street an i ds. How long In U.S. if of foreign birth? yrs.	
	ME Harry			63X-	
(a) Reside	nce: No. 88 Ca:	rville A	ve. Halet	thostpe, MWagd.  If nonresident give city or town a	and State
200	NAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE MAPPL	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  March (Month) (Day)	, 193 6 (Yaar)
5a. If marriad, wido HUSBAND of (or) WIFE ot	wed, or divorced  Mercedes	Frankli	n	22.   HEREBY CERTIFY. Thet I attends Inquiry ,19 ,10	ed daceased from
	(month, day, and yaar) ars Months	Nov. 20,	1899	I last saw h. 1m air and 3-7- 19 3 to have occurred on the data stated above, at 3:40 PM	
37	ession, or particular	18	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causas of importance ware as follows:	Date of onset
kind of SAWYE	work done, as SPINNER, R, BDDKKEEPER, etc	Pain	ter	, , , , , , , , , , , , , , , , , , , ,	
9. Industry or work w	businass In which as done, as SILK MILL, ILL, BANK, atc	POWELL	CO.	Fractured skull and	
10. Deta decee	sed last worked at upation (month and	spe	ime (yaars) nt in this upation	internal hemorages	3-7-3
12. BIRTHPLACE (d (State or con	city or town) Pitts	field, M	ass,	Other Contributory Causes of importance: Fell from smoke stack	
13. NAME	Douglas Mi	ller		Supplemental sections of the section	
13. NAME 14. BIRTHPLAC (State of	E (city or town) Pit or country)	tsfield,	Mass	Name of operation	2.7
	E (city or town)	nown nknown		23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? accident tate of injury 3	ing: -7- 1936
-1 (31616.0	Dr. Leo A Ellicott		n	Where did injury occur? Alberton, Howard ( Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC Industry	Hate)
18, BURIAL, CREMA	TION, OR REMOVAL V Cathedral			Menner of injury Fell from smoke stack Nature of injury	
19. UNDERTAKER . (Address)	Charles L	Steven	sale ms	24. Was disease or injury in eny way related to occupation of deceased?  If so, specify repairing smake stack	yes
20. FILED A	9 , 19 31 W	77 Lus	Registrar.	(Signed) Stauley & Israuthum (Address) Acting coroner, Ell	icott

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	0	Example II	
The principal cause of death and clated cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	or ites	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	4 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

state OCCUPApluods item of

Jo

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 30	2
	1. PLACE OF DEATH	(8) × 10.	
1	County Howard.	Registration Dist. No. / 72	
	Village or City WEst Freud stel.	No. Fullule Pd St., death occurred in a hospital or institution, give its NAME instead of street and num	b
	Length of residence in city or town where death occurred 13 2 yrs	ds. How long in U.S. if of foreign birth?yrsmos	
	(a) Residence: No. Treslevick Add.  (Usual place of abode)	St., Ward.  If nonresident give city or town and Stat	i.e
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
	Male Will S. SINGLE MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH  March 2 19  (Month) (Day)	93
	5a. If married, widowed or divorced HUSBAND of (or) WIFE of Course & Mayborll	22. I HEREBY CERTIFY, That I attended deco	ea
te.	6. DATE OF BIRTH (month, day, and year June 23, 1859	Hast saw him dwoon flich & Y, 1936; do	ea
certificate	7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	
of ce	Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebras Hemonfore 9	7
back	Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	0	
no	10. Date deceased last worked at this occupation (month end 93 2 11. Total time (lears) countries the occupation		
instructions	12. BIRTHPLACE (city or town) House land	Other Contributory Causes of importance:  Others Delicous	5
	13. NAME Makkow Saffell 14. BIRTHPLACE (city or town)	5.4	
See	(State of country)	Neme of operation 20 Date of	p:
tant.	15. MARIEN MENER	23. If death was due to external causes (VIOLENCE) fill in also the following:	
important.	16. BIRTHPLACE (city or town) Mary level;	Accident, suicide, or homicide? Date of injury  Where did injury occur?	-,
very in	17. INFORMANT Mis Erecura Scaffell (Address) West trempolity ned	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
- 20	18. BURIAL, CREMATION, OR REMOVAL Cour. Date Mar. 24, 19 36	Manner of injury	
NOI	10 HADEDTAKED Easton Sons	24. Was disease or injury in any way related to occupation of deseased?	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) \_

Registrar.

street and number)

\_\_\_\_\_ds.

attended deceased from 85,1936 \_, 19\_36\_; death is sald

there an autopsy

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	PP 978	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	D. Every item of infor-	SICIANS should state	statement of OCCUPA-	
	REG	. PHY	Exact s	
FOR BINDING	IS A PERMANENT	stated EXACTLY	properly classified.	certificate.
ED	HIS	pe	pe	o jo
ARGIN RESERVED FOR BINDING	WITH UNFADING INK-THIS IS A PERMANENT REC. AD. Every item of infor-	fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	1 plain terms, so that it may be properly classified. Exact statement of OCCUPA-	it. See instructions on back of certificate.
	VITE	fully	ı pla	ıt.

TION is very important.

WRITE PLA

V. S. No. 1 N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3040
1. PLACE OF DEATH	59 + 100
County Poward 60,	Registration Dist. No. 190
Village or City / Sonover (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmps	ds. How long in U.S. if of foreign birth? 6.7.yrs. mos. ds.
2. FULL NAME Cade Suck	
(a) Residence: No. Hanvet Rd,	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or-divorced, HUSBAND of	
(or) WIFE of John 6 Jules.	much le 198 e to must ell 18 198
6. DATE OF BIRTH (month, day, and year) Sept. 16. 1871	Hast saw har elive on merch 18, 1986; death is seld
7. AGE Yeers   Months   Days   If LESS than	to heve occurred on the date stated above, at 2,0 cam.
65 6 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Rin in fact
9. Industry or business in which	V De colosof
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month end spent in this	
yeer) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Hangreuet.
1 - 24	
E Palta	Name of operation None Date of
14. BIRTHPLACE (city or town)   Charles   (State or country)   Charles   C	What test confirmed diagnosis? Lun Green Was there an autopsy?
15. MAIDEN NAME Sabelle Franks	23. If death was due to external causes (VIOLENCE) fill to also the following:
15. MAIDEN NAME Sabella Franks  16. BIRTHPLACE (city or town) Balts zu Q	Accident, suicide, or homicide?Date of Injury, 19
S (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT John 6. Jucket	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR, REMOVAL	
Placett Clivet Date Traced 21, 1936	Manner of injury August 11 4 6
Charles of Hookear	24. Was disease or Injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) 230/ Edmondson ave	if so, specify
20. FILED Mars 6.9. 19.36 Miss Bird Will Registrar	(Signed) Rugnmed I fluis M. P.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	- ray VXC
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	•	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

B	infor	stat	UPA	
11	of	Plu	2	
	item	sho	of C	1
	Every	CIANS	ement	1
	CD.	YSI	stat	
	RECO	7. РН	Exact	
ERVED FOR BINDING	K-THIS IS A PERMANENT RECORD. Every item of infor	hould be stated EXACTLY. PHYSICIANS should state	t may be properly classified. Exact statement of OCCUPA	
FOR B	IS A PE	stated E	properly	1 1 1 6 4:0
ED C	HIS	pe	pe	4
ERVI	K-T	pluod	t may	

1. PLACE OF DEATH County\_ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of rasidence in city or town where death occurred \_\_\_\_\_ yrs,\_ mos.\_\_\_\_ds. How long In U.S. if of foreign birth?\_\_\_\_\_vrs.\_\_\_\_mos.\_\_ If U.S. Veteran apecify WAR .... (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 5a, If married, widowed, or divorcad I HEREBY CERTIFY Thet I attanded daceasad from (or) WIFE of 1891 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to have occurred on the date stated above, et. 1 day ....hrs. The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance or ..... min. Date of onset Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc .... ndustry or business in which work was done, as SILK MILL SAW MILL, BANK, atc ... Data decaased last worked at 11. Total time (yaars) this occupation (month a spent in this occupation ... instructions 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) .... (Stata or country) What test confirmed diagnosis / OTHER important. 15. MAIDEN NAME 23. If death was due to axternel causas (VIOLENCE) fill in also the following: Accident, suicida, or homicide?\_\_ Date of injury 16. BIRTHPLACE (city or town) ... (State or country) Whare did injury occur?\_. (Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT plnods (Address) OF Manner of injury Nature of Injury 19. UNDERTAKER If so, spacify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	1	Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECENTED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 2 1936	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ea	ases of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	WE MILE TO THE TOTAL PROPERTY OF THE TOTAL P			

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 3042
1. PLACE OF DEATH	③ ×
County Howard	Registration Dist. No. 193
Village or City Klay Richan	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Daly Day Wellis	ws
(a) Residence: No. R. D. Woodleine ne	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
OR DIVORCED (write the word)	13 1036
5a If married widowed or diversed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND ol (or) WIFE ol	22. I HEREBY CERTIFY, That I attended deceased Irom
	, 19, 19, 19,
6. DATE OF BIRTH (month, day, and yeer) March 13, 1936	I last saw h; death is said
7. AGE Years Months Days If LESS than I dayhrs.	to have occurred on the date steted above, at&
orQ_min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER Suffaces SAWYER, BOOKKEEPER, etc.	Jule vorus -
kind ol work done, as SPINNER SAWYER, BOOKKEEPER, etc	
. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Mushing 7ths
10. Oate deceased lest worked et this occupetion (month and spant in this	
year) occupation occupation	
12. BIRTHPLACE (city or town) Marial au	Other Coutributory Causes ol importence:
(State or country)	alors
13. NAME Horry W. Chelliaus	
13. NAME HOSSY W. Cheliaus  14. BIRTHPLACE (city or town). Than Low	Name of operation 200 Date of
(State of country)	What test confirmed diegnosis Phase Cas Auras from an autopsy? Ho
15. MAIDEN NAME Isabel aster	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur?
17. INFORMANT Harry Welliams a	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) La Woodline New	
18. BURIAL, CREMATION OF REMOVAL	Manner of injury
110000000000000000000000000000000000000	Nature of injury
19. UNOERTAKER Daniel auf Dal (Address)	24. Was disease or inducy in any way related to occupation of deceased? No Melli so, specify
20. FILEO Mar- 13 1986 E. Peaul Merain	(Signed) M. D.
Registrar.	(Address)
15 more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis 2 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUPEAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year